

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF TEXAS
DALLAS DIVISION

DAVETTE ESPARZA,

Plaintiff,

v.

BANK OF AMERICA, N.A.
and RODERICK WILSON,

Defendants.

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CIVIL ACTION NO. 3:12-cv-00662-D

DECLARATION OF CHERI LOLLMAN

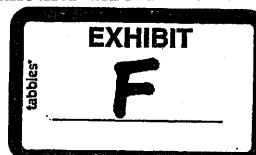
I, Cheri Lollman, pursuant to 28 U.S.C. § 1746, hereby state and declare as follows:

1. I am over the age of 18. I have personal knowledge of the facts set forth in this Declaration and could testify competently regarding the facts below.

2. I have been employed by Bank of America, N.A. ("the Bank") for nineteen years and have held my current position of Senior Fraud Investigator in the Bank's Corporate Security Department for ten years. As a Senior Fraud Investigator, I investigate external and internal fraud committed against the Bank.

3. Pursuant to the Bank's policies each associate has an individualized NBK, which is a personal identification code and password. In order to sign on to the Bank's computer system, an associate must enter their NBK. Once an associate is logged in all of the activity conducted on the computer can be tracked back to the associate's NBK. It is a violation of the Bank's policies and procedures, and a terminable offense, to conduct activity on a Bank computer while logged in under another associate's NBK.

4. As a Senior Fraud Investigator I have investigated numerous breaches of security in which an associate works under another associate's NBK. In every instance in which my



investigation has concluded that the associate worked under another associate's NBK the associate has been terminated.

5. On July 26, 2011, Melody Valdez, a Personal Banker at the Wheatland banking center, called the Bank's ethics hotline and reported that on July 20, 2011 Davette Esparza, the Banking Center Manager, opened a new account for a customer using Ms. Valdez's NBK. I was assigned to investigate Ms. Valdez's complaint.

6. I began my investigation by conducting an interview with Ms. Valdez. According to Ms. Valdez, on July 20, 2011, she encountered a problem opening a new account while assisting a customer in her office that prompted the customer to request to speak to the manager. Ms. Valdez stated that after she asked Ms. Esparza to come to her office to assist with the issue, Ms. Esparza asked her to leave the office and assist in the bank lobby. Ms. Valdez stated that when she attempted to sign off her computer before leaving the office, Ms. Esparza directed her to remain signed on to the computer. Because Ms. Esparza was Ms. Valdez's direct manager and they were in the presence of a customer, Ms. Valdez complied with the request. Ms. Valdez stated that Ms. Esparza remained in the office with the customer for thirty to forty minutes thereafter.

7. Ms. Valdez stated she became aware that Ms. Esparza had opened a new account for the customer using her NBK later that day when she saw a signature card related to the new account showing it had been opened under her NBK. Ms. Valdez also stated that she showed the assistant manager, Thomas Mungia, the signature card and expressed her disbelief to him that Ms. Esparza had opened an account using her NBK in violation of the Bank's policies and procedures.

8. After interviewing Ms. Valdez, I reviewed the computer records evidencing her NBK activity on July 20, 2011 by accessing the data entry audit trail for her NBK. The data entry audit trail tracks all activity performed on any of the Bank's computers logged in under an associate's NBK, time stamps the activity, and identifies the customer account on which the activity was performed. Through reviewing the data entry audit trail for Ms. Valdez's NBK, I was able to confirm that a new account was opened for a customer on July 20, 2011 under Ms. Valdez's NBK.

9. My review of the data entry audit trail also revealed that Ms. Valdez's NBK was being used simultaneously on two different Bank computers at the time the new customer account was opened on July 20, 2011.

10. I continued my investigation by reviewing the video footage of the Wheatland banking center on July 20, 2011. Prior to the time the customer's account was opened the video showed the customer in the office with Ms. Valdez. The video then showed Ms. Esparza enter the office and Ms. Valdez exit the office. During the time the customer's account was opened using Ms. Valdez's NBK, I could determine from the video that Ms. Esparza was alone in the office with the customer. Ms. Esparza remained in the office until after the account was opened and the customer exited the office and the banking center. At no time did the video show Ms. Valdez reenter the office while Ms. Esparza and the customer were present in the office.

11. I also interviewed the customer. During the interview, the customer stated that the first employee who assisted her on July 20, 2011 was unable to or would not open the requested account, so she asked to speak to a manager who was able to open the account. The customer did not remember the names of the employee or the manager, but provided a physical description of the employee matching the physical description of Ms. Valdez, and a physical

description of the manager who opened the account for her matching the physical description of Ms. Esparza.

12. As part of my investigation, I also interviewed the assistant manager, Thomas Mungia. Mr. Mungia remembered Ms. Valdez expressing she was shocked that Ms. Esparza had used her NBK to open a customer's account and instructed her to call the Bank's ethics hotline.

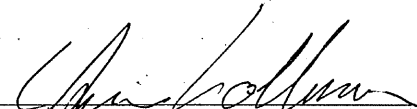
13. I concluded my investigation by interviewing Ms. Esparza. When Ms. Esparza arrived at my office for the interview and I asked her if she knew why I wanted to talk to her and she immediately began crying and said "No." I then asked her if she had used anybody else's NBK while she had been at the Wheatland banking center. Ms. Esparza stated she had not. I then asked her why a customer would say differently, why an associate would say differently, and why the video and data entry audit trail placed her in the office alone with the customer at the time the account was opened. Ms. Esparza denied opening the account and said she didn't know how it could have happened. In light of the other evidence, I did not find Ms. Esparza's denial credible.

14. As a result of my investigation, I concluded that Ms. Esparza had violated the Bank's Code of Ethics by opening a customer account under Ms. Valdez's NBK. My conclusion was based upon my interviews with the Ms. Valdez, Mr. Mungia, and the customer, and my review of the video and the data entry audit trail of Ms. Valdez's NBK. Ms. Valdez's complaint was corroborated by both Mr. Mungia and the customer, supported by the data entry audit trail, and validated by the video footage. After concluding my investigation, I called the Bank's Advice and Counsel department and reported my findings. Advice and Counsel informed me they were going to recommend Ms. Esparza be terminated. I concurred with the recommendation.

15. Before conducting the investigation I had never met Ms. Esparza. When I conducted the investigation and concurred with the recommendation that Ms. Esparza be terminated, I had no knowledge of whether Ms. Esparza had requested or taken FMLA leave, or whether she suffered from a disability.

I declare under penalty of perjury that under the laws of the United States of America the foregoing is true and correct.

Executed on this 14~~th~~ day of December, 2012, at Dallas, Texas.


Cheri Lollman

**IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF TEXAS
DALLAS DIVISION**

DAVETTE ESPARZA,

Plaintiff,

v.

BANK OF AMERICA, N.A. AND
RODERICK WILSON,

Defendants.

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CASE NUMBER: 3:12-CV-00662-D

PLAINTIFF'S AMENDED COMPLAINT

Plaintiff Davette Esparza for a claim for relief against defendant Bank of America, N.A. and Roderick Wilson, an individual would show:

I. INTRODUCTION

1. Bank of America, N.A. (BOA), a national bank, employed Esparza from 2002 to September 16, 2011, when defendant Wilson fired her.

2. Esparza has a disability, chronic arthritis, herniated and bulging disks, and Fibromyalgia which conditions caused substantial impairment in her ability to stand, walk, sit, lift and push. Esparza also suffers with episodic debilitating pain caused by these conditions.

3. BOA knew about these disabilities and for many years accommodated them with minimal disruption to the business and Esparza's co-workers. In fact, in November 2010, BOA promoted Esparza to banking center manager.

4. However, shortly after her promotion, BOA re-organized markets and assigned Esparza to Roderick Wilson as consumer market manager and Melissa Gonzalez as consumer market executive, at which point BOA stopped accommodating Esparza's disabilities.

Certificate of Interested Persons
3:12-CV-00662-D; Esparza v. Bank of America



“failure looks like.” After the call, several of the participants reached out to Esparza to let her know that her supervisors’ treatment of her on the call was shocking, unfair and unwarranted. Esparza lodged a complaint with HR about this poor and unwarranted treatment of her.

21. Because Wilson would not discuss or acknowledge Esparza’s approved intermittent leave and accommodations, Esparza lodged a complaint to HR that she was being treated in a disparate and unfair manner by Wilson because of her disabilities.

22. Esparza scheduled treatment for pain, including an epidural injection, during the week of September 19, 2011.

23. Esparza knew these treatments would be debilitating so she asked Wilson to approve a request for leave September 19-24, 2010, but he did not respond to her request.

24. Therefore, Esparza sought and obtained approval of her leave request from HR.

25. However, on September 16, 2011, before her leave commenced, Wilson fired Esparza for bogus and generalized reason of “overall poor performance” notwithstanding that Esparza had just received a bonus for performance.

V. Claims for Relief

26. BOA and Wilson violated the FMLA with respect to her in the following and other respects:

- (a) by firing her on or about September 16, 2011, without providing her the entitlements guaranteed by the FMLA because of her own serious health condition;
- (b) by interfering with, restraining or denying plaintiff’s exercise or her attempts to exercise her rights provided by the FMLA by refusing to grant her request to take intermittent leave;
- (c) by discriminating and or otherwise retaliating against her in violation of the FMLA for having taken protected leave under the FMLA prior to her termination.

27. BOA failed to accommodate Esparza's disability and discriminated against her because of her disability, because she had a record of disability or because it perceived her as disabled.

28. BOA terminated Esparza's employment on September 16, 2011, because she had a disability, record of disability, and because it perceived Esparza as disabled.

29. BOA and Wilson terminated Esparza's employment on September 16, 2011, in retaliation because she filed internal discrimination complaints, sought accommodation for her disability, and engaged in other protected activity under the FMLA, ADA and TCHRA.

30. BOA's treatment of Esparza was willful and malicious, spiteful and with specific intent to harm for which exemplary damages ought to be awarded.

31. All conditions precedent to the filing of this action have occurred or have been fulfilled in that Esparza filed a charge of discrimination with the EEOC and Texas Workforce Commission - Civil Rights Division and received her notice of right to sue.

VI. Damages

32. Esparza seeks reinstatement and to recover damages from BOA and Wilson for back pay, front pay and/or lost wages, past and future liquidated damages for willful conduct and attorney's fees for violation of the FMLA, or reinstatement and back pay, future, pay and/or wages and benefits in the past and future, monetary losses, damages for mental anguish and exemplary damages, attorney's fees, costs, interest and such other and further legal and equitable relief to which she may be entitled under the ADA and TCHRA.

VII. Jury Demand

33. A jury trial has been demanded and Esparza requests that this case be decided by jury.



PO Box 14560
Lexington, KY 40512-4560

Phone: 1-877-444-1012
Fax: 1-866-667-1987

06/16/2011

DAVETTE ESPARZA
5207 PRAIRIE LANE
GRAND PRAIRIE, TX - 75052

Employer: Bank of America Corporation
RE: Confirmation of Request for Family Medical Leave and/or Company Leave of Absence
Leave Number: 4237261
Response Required by: 07/01/2011

Dear MS. DAVETTE ESPARZA:

On 6/16/2011 you requested to take the leave(s) listed below. This letter confirms that request.

Bank of America Family Care Intermittent
Date(s) of Absence
Beginning on 6/15/2011

Federal Family and Medical Leave Act (FMLA)
Date(s) of Absence
Beginning on 6/15/2011

The leave was requested due to: Employee's own health condition

What happens next:

Your leave request will be reviewed once we receive a completed Health Care Provider Certification form which is needed to process and complete your leave request within the required timeframe. Absences are not approved until a final determination is made by Aetna. Should you fail to provide the required information, or should it fail to satisfy the eligibility criteria established under the law, we will send you a denial notice. Also note that you may qualify for multiple leaves although you may have only requested one type of leave.

When your eligibility for the requested leave has been determined, you will be notified by Aetna. If your leave is approved, you will be assigned to an Aetna Leave Coordinator, who will work with you during your leave of absence.

Please refer to the attached document titled "Employee Rights and Responsibilities Under the Family and Medical Leave Act" for additional information.

What you need to do:

The following documentation is required by 7/1/2011 to certify the leave(s):

1. If your requested absence is due to bonding, adoption or foster care, a written statement / affidavit, birth certificate or court documentation may be required.

Benefits Coordination



Generally, Bank of America will continue to pay the company portion of your annual enrollment benefits during your leave (including FMLA leave) on the same basis as if you were not on leave, for up to 26 weeks from the date your leave begins. This company contribution toward the cost of benefits while you are on leave will be limited to a cumulative total of 26 weeks in a rolling 12-month period (except as provided by applicable law or for approved medical leave of absence). You continue to be responsible for your portion of the cost of the benefits. If you do not continue your contributions, all coverages will be canceled.

If you have any questions about your benefits, contact the Personnel Center at 1-800-556-6044 Monday-Friday between 8:30 AM and 12:00 AM EST. You can also find information about your benefits on:

- The Benefits and Pay Tab on Flagscape (under Time Off Benefits)
- The Aetna Portal site at www.aetna.com

Information about your leave(s):

Bank of America Family Care Intermittent

Bank of America provides an associate with unpaid time off work in the following circumstances:

1. to care for a family member with a serious health condition (family members include the associate's child, spouse or parent, and other individuals such as the associate's domestic partner, siblings, parent of spouse or domestic partner, grandparents and other individuals for whom the associate has primary responsibility for giving care) or
2. to care for the associate's family member who has sustained and is recovering from a serious injury incurred in the line of active military duty or who has been notified of an impending call or order to active military duty.

Federal Family and Medical Leave Act (FMLA)

Under the FMLA, an associate is entitled to 12 weeks of unpaid job protected leave in a rolling 12-month period for one of four qualifying circumstances:

1. A serious health condition that prevents the associate from working;
2. A serious health condition of the associate's spouse, child, or parent;
3. The birth of the associate's child; or
4. The placement with the associate of a child for adoption or foster care.

Under the FMLA, an associate is entitled to be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment provided the leave period is no greater than 12 weeks.

Coordination of Leaves

If you take a leave pursuant to any company leave policy (e.g., STD, maternity, family, etc.) that also qualifies under FMLA or similar state law, the leaves will run concurrently. Also, workers' compensation leave and/or family or medical leave taken under state law that also qualifies as FMLA leave, will be counted toward your FMLA entitlement.

You may be required to furnish re-certification documentation as frequently as every 30 days.

Questions?

If you require additional information, please contact the Health Concierge Monday – Friday between 8:00 am – 9:00 pm EST at 1-877-444-1012, and select option 3 for Disability and Leaves.

Sincerely,

Aetna Disability and Leave Management

Enclosures:

Return Envelope

Bank of America Leave of Absence Resources QRC

Authorization for Release of Medical Information for Leave of Absence

Statement of Employee Rights and Responsibilities under the Federal FMLA guidelines

Health Care Provider Certification - Employee Own Illness

Appendix A



PO Box 14560
Lexington, KY 40512-4560

Phone: 1-877-444-1012
Fax: 1-866-667-1987

06/23/2011

DAVETTE ESPARZA
5207 PRAIRIE LANE
GRAND PRAIRIE, TX - 75052

Employer: Bank of America Corporation
RE: Intermittent Leave Approval Letter for Family Medical Leave and/or Company Leave of Absence
Leave Number: 4237261

Dear MS. DAVETTE ESPARZA:

You have been approved for the following intermittent leave(s):

Bank of America Family Care Intermittent
Date(s) of Absence
From 6/15/2011 Through 12/14/2011

Federal Family and Medical Leave Act (FMLA)
Date(s) of Absence
From 6/15/2011 Through 12/14/2011

The frequency of incapacitation from daily activities due to this condition is: 2 time(s) per Month.

The probable duration of each episode of incapacity is: 2/Day(s).

In order for Aetna to properly administer your leave, you may be required to furnish re-certification documentation as frequently as every 30 days. Failure to provide required certifications, re-certifications or notices may affect your right to return to work, your employment status with the company and your right to other company-provided benefits.

You must communicate with your manager and Aetna throughout any absence especially if there is a cancellation, extension or change to any approved period of absence.

While you are on an approved Intermittent leave of absence:

- Meet with your manager to determine if you have available occasional illness or vacation days to fund any unpaid portion of your leave.
- Ensure your manager is reviewing your timesheet to ensure your pay is accurate.

About your leave(s):

Bank of America Family Care Intermittent

Bank of America provides an associate with unpaid time off work in the following circumstances:

1. to care for a family member with a serious health condition (family members include the associate's child, spouse or parent, and other individuals such as the associate's domestic partner, siblings, parent of spouse or domestic partner, grandparents and other individuals for whom the associate has primary responsibility for giving care) or
2. to care for the associate's family member who has sustained and is recovering from a serious injury incurred in the line of active military duty or who has been notified of an impending call or order to active military duty.

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1. A serious health condition that prevents the associate from working;
2. A serious health condition of the associate's spouse, child, or parent;
3. The birth of the associate's child; or
4. The placement with the associate of a child for adoption or foster care.

Under the FMLA, an associate is entitled to be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment provided the leave period is no greater than 12 weeks.

For more information, please refer to:

- The Benefits and Pay Tab under Time Off Benefits on Flagscape
- The Aetna Portal site at www.aetna.com

Questions?

If you require additional information, please contact the Health Concierge Monday – Friday between 8:00 am – 9:00 pm EST at 1-877-444-1012, and select option 3 for Disability and Leaves.

Sincerely,

Aetna Disability and Leave Management

We want you to know™
Aetna

Client Name: Bank of America Corporation
Last Name: ESPARZA
Employee ID: 157325275
Date of Birth: 05/16/1973
Date of Hire: 06/23/2003
Work State: TX
Address: 214/594-9230 Phone (Mobile)

| Task Name & Task Details | Scheduled Date | Task Status | Completed Date | Claim Owner | Originator | Last Updated By | Date Last Updated |
|--------------------------|----------------|-------------|----------------|-------------|------------|-----------------|-------------------|
|--------------------------|----------------|-------------|----------------|-------------|------------|-----------------|-------------------|

Is the leave the result of an accident? No

Are you scheduled for or have you had a procedure for this condition? No

Is the leave work related? No

What day(s) are you requesting for your intermittent leave? 06/15/2011|06/16/2011

Unknown No

What are your intermittent absence hours: 06/15/2011|false|10\$00*18\$00~06/16/2011|false|10\$00*18\$00

Have you seen a Health Care Provider about this condition? Yes

Health Care Provider Last Name: Escamilla

Health Care Provider Last Name: daniels

Health Care Provider First Name: norma

Health Care Provider First Name: michael

Health Care Provider Address 1: 400 West Arbrook

Health Care Provider Address 1: 800 Orthopedic Way

Health Care Provider Address 2: ste 240

Health Care Provider City: arlington

Health Care Provider City: arlington

Health Care Provider State/Province: Texas

Health Care Provider State/Province: Texas

Health Care Provider Zip: 76014

Health Care Provider Zip: 76015

Health Care Provider Phone #: 817467-0240

Health Care Provider Phone #: 817 375-5200

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Report Date: 01/18/2012

Page 3 of 22

We want you to know™
Aetna

Client Name: Bank of America Corporation
 Last Name: SPANZA
 First Name: DAVETTE
 Middle Initial: D
 Date of Birth: 05/26/1973
 Age: 38
 Date of Death: 01/27/2003
 Cause of Death: Cancer
 Social Security Number: 4337767
 Telephone: 4337767
 Fax: 4337767
 Email: 4337767

| Task Name & Task Details | Scheduled Task Date | Task Status | Completed Date | Claim Owner | Originator | Last Updated By | Date Last Updated |
|--------------------------|---------------------|-------------|----------------|-------------|------------|-----------------|-------------------|
|--------------------------|---------------------|-------------|----------------|-------------|------------|-----------------|-------------------|

Health Care Provider Fax #:

Health Care Provider Fax #:

What is the treating Health Care Provider's specialty?

What is the treating Health Care Provider's specialty?

If Other, please define:

When was your last office visit?

When is your next office visit?

Has your Health Care Provider given you a projected return to work date?

What is your primary medical condition that keeps you from working?

If Other, please define:

Provide a description of the symptoms:

STD

Statutory

Place a check mark in all the boxes that identify any diagnostic test that has been completed for this condition:

If Other, please define:

Have you had or are you planning to have surgery for this condition?

What is or was the date of surgery?

Unknown

Has the claimant had any previous surgeries?

If yes, list surgeries:

Do you routinely take any prescribed medications?

Name:

Family Practice

Physical Med & Rehab

Not Applicable

Herniated Disc

bulging disc

No

No

15023115016

No

No

No

Yes

Other

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Report Date: 01/18/2012



| | | | |
|---|---------------------------|---------------------|--------------|
| Claim Name: Bank of America Corporation | Last Name: ESPARZA | First Name: DAVETTE | Niddlemishal |
| Employee ID: 057525275 | Date of Birth: 05/26/1973 | Age: 38 | |
| Mobile ID: 710/524-9136 (Mobile) | Mobile ID: 03/27/2003 | Gender: F | |

| Task Name & Task Details: | Scheduled Date | Task Status | Completed Date | Claim Owner | Originator | Last Updated By | Date Last Updated |
|---------------------------|----------------|-------------|----------------|-------------|------------|-----------------|-------------------|
|---------------------------|----------------|-------------|----------------|-------------|------------|-----------------|-------------------|

| | |
|--------------------------|-----------------|
| Name: | Wellbutrin |
| Name: | Other |
| Name: | Hydrocodone |
| Name: | Other |
| Name: | Other |
| Name: | Other |
| Name: | Other |
| Name: | Other |
| Name: | mirapex |
| If Other, please define: | |
| If Other, please define: | |
| If Other, please define: | |
| If Other, please define: | |
| If Other, please define: | |
| If Other, please define: | |
| If Other, please define: | |
| If Other, please define: | |
| If Other, please define: | |
| Dosage: | cymbalta |
| Dosage: | cyclobenzaprine |
| Dosage: | spironolactone |
| Dosage: | phentermine |
| Dosage: | lmltrex |
| Dosage: | solodyn |
| Dosage: | .375 mg |
| Dosage: | 450 mg |
| Dosage: | 60 mg |
| Dosage: | 10-325 mg |
| Dosage: | 10 mg |
| Dosage: | 25 mg |

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Report Date: 01/18/2012

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We want you to knowSM

Aetna

| | | | | | |
|-----------------|-----------------------------|-----------------|---------------|-----------------|--------------|
| Client Name | Bank of America Corporation | Account Name | CSA/PA | Account Number | 0 |
| Address | 100 N. 1st St. | City | Charlotte, NC | State | NC |
| City | Charlotte, NC | Country | USA | Phone | 704.386.1000 |
| State | NC | Zip | 28201 | Fax | 704.386.1000 |
| Country | USA | Account Type | Checking | Account Status | Active |
| Account Type | Checking | Account Status | Active | Account Balance | \$1,000.00 |
| Account Balance | \$1,000.00 | Account History | See attached | Account Notes | |

| Task Name & Task Details: | Scheduled Task Date | Task Status | Completed Date | Claim Owner | Originator | Last Updated By | Date Last Updated |
|------------------------------|------------------------|-------------|-------------------|-------------|------------|--------------------|----------------------|
|------------------------------|------------------------|-------------|-------------------|-------------|------------|--------------------|----------------------|

| | |
|------------|-------------|
| Dosage: | 37.5 mg |
| Dosage: | 100 mg |
| Dosage: | 80 mg |
| Frequency: | 1 x per day |
| Frequency: | 1 x per day |
| Frequency: | 1 x per day |
| Frequency: | 3 x per day |
| Frequency: | 3 x per day |
| Frequency: | 1 x per day |
| Frequency: | 1 x per day |

| Level | As Needed | No |
|-------|-----------|----|
| 1 | | No |
| 2 | | No |

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Page 6 of 22

Report Date: 01/18/2012

We want you to know™
Aetna

Client Name: Bank of America Corporation
 Employee ID: 151525075
 Date of Birth: 05/26/1975
 Social Security: 01/27/2003
 Address: 211 S 3rd St, Suite 1000, Minneapolis, MN 55401

| Task Name & Task Details: | Scheduled Date | Task Status | Completed Date | Claim Owner | Originator | Last Updated By | Date Last Updated |
|---------------------------|----------------|-------------|----------------|-------------|------------|-----------------|-------------------|
|---------------------------|----------------|-------------|----------------|-------------|------------|-----------------|-------------------|

LOA Benefit Eligibility

Federal Family and Medical Leave Act (FMLA)^6/15/2011^6/16/2011^Eligible%Bank of America Family Care Intermittent^6/15/2011^6/16/2011^Eligible

Transaction Status:

<TABLE><TR><TD>Federal Family and Medical Leave Act (FMLA):</TD><TD>Pend/Awaiting certification</TD></TR><TR><TD>Bank of America Family Care Intermittent:</TD><TD>Pend/Awaiting certification</TD></TR></TABLE>

Eligibility verification with employer:

STD No
 QLA No
 W/C No
 MLOA No
 LOA Yes
 PFL No

LOA Benefit Accumulation:

Federal Family and Medical Leave Act (FMLA)^12 weeks^0 weeks^Bank of America Family Care Intermittent^12 weeks^0 weeks

To Link this Leave to an already existing Leave, select Leave to be linked to from the grid:

To inherit eligibility from a previous leave, select the leave from the grid:

Select Explosion:

Conditional Approval Explosion

Send preliminary designation letters

Reason for request: SELF

Dates requested: 06/15/2011

Initial Certification due date: 07/01/2011

Intermittent or Continuous: INT

Please review intake script

"Please review for possible IHD referral".

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Report Date: 01/18/2012

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We want you to know™



| Client Name | Bus Name | First Name | Middle Initial | P. |
|-----------------------------|------------------------|----------------|----------------|---------|
| Bank of America Corporation | JESPERA24 | DAVETTE | | D |
| | Employee ID: 157525275 | Date of Birth: | 05/26/1979 | Age: |
| | SSN: 777-75 | Date of Hire: | 01/27/2002 | Gender: |
| | | | | F |

214.834.9200 Home (Dallas)

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Report Date: 01/18/2012



| | | | |
|--|----------------------------|---------------------|-------------|
| Client Name: Bank of America Corporation | Last Name: ESPARZA | First Name: DAYETTE | Initials: b |
| Employee ID: 157525275 | Date of Birth: 05/26/1973 | Age: 39 | |
| Claim ID: 014727RUD3 | Date of Filing: 01/27/2013 | Gender: F | |
| 01/23/2013 02:00pm (Mobile) | | | |

| Task Name & Task Details: | Scheduled Date | Task Status | Completed Date | Claim Owner | Originator | Last Updated By | Date Last Updated |
|---------------------------|----------------|-------------|----------------|-------------|------------|-----------------|-------------------|
|---------------------------|----------------|-------------|----------------|-------------|------------|-----------------|-------------------|

Comments:

Cert Status: Accepted
 Cert Period Start Date: 06/15/2011
 Cert Period End Date: 12/14/2011
 Cert Period Term Date: 12/14/2011
 Frequency: 2 times per Month
 Duration: 2 Day(s)

| | | | | | | | |
|------------------------|---------|--------|-----------------|---------------|---------------|---------------|-----------------|
| EE - Intermit-Appri Lf | 6/23/11 | Closed | 6/23/11 9:03 am | WILFEDO COLON | WILFEDO COLON | WILFEDO COLON | 6/23/11 9:03 am |
|------------------------|---------|--------|-----------------|---------------|---------------|---------------|-----------------|

Do Not Send

No

Comments:

| | | | | | | | |
|---------------------------|---------|--------|-----------------|---------------|---------------|---------------|-----------------|
| ER - Intermit-Appri-Notif | 6/23/11 | Closed | 6/23/11 9:03 am | WILFEDO COLON | WILFEDO COLON | WILFEDO COLON | 6/23/11 9:03 am |
|---------------------------|---------|--------|-----------------|---------------|---------------|---------------|-----------------|

To Address List:

RODERICK E. WILSON@BANKOFAMERICA.COM

CC Address List:

Do Not Send

No

Comments:

| | | | | | | | |
|--------------------|---------|--------|------------------|---------------|----------------|---------------|------------------|
| HCPC Form-Incoming | 6/23/11 | Closed | 6/24/11 11:30 am | WILFEDO COLON | AMITANSHU GURI | WILFEDO COLON | 6/24/11 11:30 am |
|--------------------|---------|--------|------------------|---------------|----------------|---------------|------------------|

Image Description:

HCPC

Image Notes:

HCPC

| | | | | | | | |
|---------------|--------|--------|----------------|---------------|-------------|-------------|----------------|
| Auto Approval | 7/7/11 | Closed | 7/7/11 1:15 pm | WILFEDO COLON | WKAB SYSTEM | WKAB SYSTEM | 7/7/11 1:15 pm |
|---------------|--------|--------|----------------|---------------|-------------|-------------|----------------|

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Report Date: 01/18/2012

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Client Name: Bank of America Corporation
 Last Name: ESPARZA
 First Name: DAVETTE
 Middle Name: D
 Date of Birth: 05/26/1971
 Employee ID: 157525275
 Claim ID: 4237261
 Date of Claim: 07/27/2011
 Phone: 817-921-9250
 Email: [REDACTED]

| Task Name & Task Details: | Scheduled Task Date | Status | Completed Date | Claim Owner | Originator | Last Updated By | Date Last Updated |
|---------------------------|---------------------|--------|----------------|-------------|------------|-----------------|-------------------|
|---------------------------|---------------------|--------|----------------|-------------|------------|-----------------|-------------------|

Audit Information

The following dates for Federal Family and Medical Leave Act (FMLA) were set to an Approved/Accepted status on 7/7/2011 1:15:37 PM via the auto approval process: 7/7/2011 9:00:00 AM - 7/7/2011 2:00:00 PM
 The following dates for Bank of America Family Care Intermittent were set to an Approved/Accepted status on 7/7/2011 1:15:49 PM via the auto approval process: 7/7/2011 9:00:00 AM - 7/7/2011 2:00:00 PM

| | | | | | | |
|---------------|--------|--------|----------------|---------------|-------------|----------------|
| Auto Approval | 7/8/11 | Closed | 7/8/11 3:50 pm | WILFEDO COLON | WKAB SYSTEM | 7/8/11 3:50 pm |
|---------------|--------|--------|----------------|---------------|-------------|----------------|

Audit Information

The following dates for Federal Family and Medical Leave Act (FMLA) were set to an Approved/Accepted status on 7/8/2011 3:50:24 PM via the auto approval process: 7/8/2011 11:30:00 AM - 7/8/2011 3:30:00 PM
 The following dates for Bank of America Family Care Intermittent were set to an Approved/Accepted status on 7/8/2011 3:50:32 PM via the auto approval process: 7/8/2011 11:30:00 AM - 7/8/2011 3:30:00 PM

| | | | | | | |
|------------------|---------|--------|------------------|------------------|------------------|------------------|
| Employer Contact | 7/14/11 | Closed | 7/14/11 12:22 pm | SHANDAL WILLIAMS | SHANDAL WILLIAMS | 7/14/11 12:22 pm |
|------------------|---------|--------|------------------|------------------|------------------|------------------|

Please enter the employer contact information.

ER Rod 817-614-0951 called to check the certification timeframe for Es adv of info

| | | | | | | | |
|------------|----------|---------|--------|-----------------|---------------|------------------|-----------------|
| Add Day(s) | Internal | 7/19/11 | Closed | 7/19/11 1:37 pm | WILFEDO COLON | ELIZABETH BRANCH | 7/19/11 1:37 pm |
|------------|----------|---------|--------|-----------------|---------------|------------------|-----------------|

Requestor's relationship to Employee:

Self

This request is:

Intermittent

What new day(s) are you requesting for your existing Intermittent FMLA?

07/19/2011

Have you informed your manager of your need for a leave?

Yes

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Report Date: 01/18/2012

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We want you to know™


| | | | |
|--|----------------------------|----------------------|-------------------|
| Client Name: Bank of America Corporation | Last Name: ESPARZA | First Name: DAYVETTE | Middle Initial: D |
| Employee ID: 157525725 | Date of Birth: 05/26/1977 | Age: 35 | SSN: 888 |
| Claim ID: 157525725 | Date of Filing: 06/19/2011 | Carrier: 0000 | Plan: 0000 |
| Address: 2124/534-3230 Phone (Mobile) | | | |

| Task Name & Task Details: | Scheduled Date | Task Status | Completed Date | Claim Owner | Originator | Last Updated By | Date Last Updated |
|---------------------------|----------------|-------------|----------------|-------------|------------|-----------------|-------------------|
|---------------------------|----------------|-------------|----------------|-------------|------------|-----------------|-------------------|

| | | | | | | | |
|---------------------------|---------|--------|------------------|---------------|---------------|---------------|------------------|
| Transaction Status Update | 7/20/11 | Closed | 7/20/11 11:37 am | KATHERINE LEE | KATHERINE LEE | KATHERINE LEE | 7/20/11 11:37 am |
|---------------------------|---------|--------|------------------|---------------|---------------|---------------|------------------|

Audit Information
 Federal Family and Medical Leave Act (FMLA) : 07/19/2011/07/19/2011 / Approved/Accepted ;
 Bank of America Family Care Intermittent : 07/19/2011/07/19/2011 / Approved/Unpaid

| | | | | | | | |
|---------------------|---------|--------|------------------|---------------|---------------|---------------|------------------|
| Leave Usage Updated | 7/20/11 | Closed | 7/20/11 11:37 am | WILFEDO COLON | KATHERINE LEE | KATHERINE LEE | 7/20/11 11:37 am |
|---------------------|---------|--------|------------------|---------------|---------------|---------------|------------------|

Audit Information

Adjudication on 7/20/2011 11:37:16 AM Affected the time balances, Benefits and dates: Federal Family and Medical Leave Act (FMLA) : 07/19/2011/07/19/2011 / Approved/Accepted ; Bank of America Family Care Intermittent : 07/19/2011/07/19/2011 / Approved/Unpaid

| | | | | | | | |
|-------------------------------------|---------|--------|------------------|---------------|-------------|---------------|------------------|
| Exceeded Freq and Duration Approval | 7/19/11 | Closed | 7/20/11 11:37 am | WILFEDO COLON | WKAB SYSTEM | KATHERINE LEE | 7/20/11 11:37 am |
|-------------------------------------|---------|--------|------------------|---------------|-------------|---------------|------------------|

Audit Information

The following dates for Federal Family and Medical Leave Act (FMLA) failed to be auto approved via the auto approval process on 7/19/2011 1:37:06 PM: 7/19/2011 9:15:00 AM - 7/19/2011 5:00:00 PM because they exceeded the frequency and duration within the certification.
 The following dates for Bank of America Family Care Intermittent failed to be auto approved via the auto approval process on 7/19/2011 1:37:07 PM: 7/19/2011 9:15:00 AM - 7/19/2011 5:00:00 PM because they exceeded the frequency and duration within the certification.

| | | | | | | | |
|---------------------------|---------|--------|------------------|---------------|------------------|---------------|------------------|
| FMLA Absence Adjudication | 7/19/11 | Closed | 7/20/11 11:38 am | WILFEDO COLON | ELIZABETH BRANCH | KATHERINE LEE | 7/20/11 11:38 am |
|---------------------------|---------|--------|------------------|---------------|------------------|---------------|------------------|

Comments:

approved

| | | | | | | | |
|-----------------|---------|--------|-----------------|---------------|-----------------|-----------------|-----------------|
| Medical Records | 7/21/11 | Closed | 7/21/11 5:47 pm | WILFEDO COLON | BHUPENDRA SINGH | BHUPENDRA SINGH | 7/21/11 5:47 pm |
|-----------------|---------|--------|-----------------|---------------|-----------------|-----------------|-----------------|

Image Description:

Image Notes:

PATIENT STATUS REPORT

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Report Date: 01/18/2012

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We want you to know™
Aetna

Client Name: Bank of America Corporation
 Address: 100 Wall Street, New York, NY 10038
 Phone: 212-850-6030 (Phone/Mobile)
 Fax: 212-850-6030
 Email: info@bankofamerica.com
 Date of Birth: 05/05/1973
 Age: 39
 Gender: F
 Date of Birth: 05/05/1973
 Age: 39
 Gender: F

| Task Name & Task Details: | Scheduled Date | Task Status | Completed Date | Claim Owner | Originator | Last Updated By | Date Last Updated |
|------------------------------|-------------------|----------------|-------------------|-------------|------------|--------------------|----------------------|
|------------------------------|-------------------|----------------|-------------------|-------------|------------|--------------------|----------------------|

| | | | | | | | |
|---------------------------------|---------|--------|-----------------|---------------|-----------------|---------------|-----------------|
| Analysis/Review Medical Records | 7/21/11 | Closed | 7/22/11 9:13 am | WILFEDO COLON | RHUPENDRA SINGH | WILFEDO COLON | 7/22/11 9:13 am |
|---------------------------------|---------|--------|-----------------|---------------|-----------------|---------------|-----------------|

Date Medical Received

07/21/2011

Type of Information Recd-select all that apply

Office/Progress Notes

If Other Information Received, please describe:

Provider Name:

Diagnosis:

If Other, please specify:

CPT Code

CPT4 Description

Procedure Date:

Date of Disability:

RTW Date (if provided):

Notes

DR NOTES

Plan of Action

DR NOTES

| | | | | | | | |
|--------------------------------|--------|--------|----------------|---------------|-----------------|-----------------|----------------|
| Add Time To Existing LOA Claim | 8/8/11 | Closed | 8/8/11 2:46 pm | WILFEDO COLON | DAVETTE ESPARZA | DAVETTE ESPARZA | 8/8/11 2:46 pm |
|--------------------------------|--------|--------|----------------|---------------|-----------------|-----------------|----------------|

Intake Method

Web

This leave request is:

Intermittent

Is or will the leave be more than 3 consecutive days?

No

Is the leave the result of a non work related accident?

Yes

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Report Date: 01/18/2012

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We want you to know™
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| | | | |
|--|---------------------------|-----------------------|-------------------|
| Client Name: Bank of America Corporation | Last Name: ESPARZA | First Name: DAVETTE | Middle Initial: D |
| Employee ID: 157525275 | Date of Birth: 05/26/1973 | Gender: F | Age: 39 |
| Work State: TX | SSN: 3237367 | System ID: 01/27/2003 | Card: T |
| Phone: 214-255-3320 Home: (940) 214-255-3320 | | | |

| Task Name & Task Details | Scheduled Date | Task Status | Completed Date | Claim Owner | Originator | Last Updated By | Date Last Updated |
|--------------------------|----------------|-------------|----------------|-------------|------------|-----------------|-------------------|
|--------------------------|----------------|-------------|----------------|-------------|------------|-----------------|-------------------|

Was or will inpatient or outpatient hospitalization occur as a result of condition? Outpatient

What new day(s) are you requesting for your existing Intermittent FMLA? 08/09/2011

Enter absence from and to times for each of the absences being reported at this time: 08/09/2011|01:00:00*11:00:00@15\$00*16\$00

Do you have your health insurance through Aetna? Yes

IHD Consent Method Consent already on file

Comments

| | | | | | | | |
|---------------|--------|--------|----------------|---------------|-------------|-------------|----------------|
| Auto-Approval | 8/8/11 | Closed | 8/8/11 2:47 PM | WILFEDO COLON | WKAB SYSTEM | WKAB SYSTEM | 8/8/11 2:47 PM |
|---------------|--------|--------|----------------|---------------|-------------|-------------|----------------|

Audit Information

The following dates for Federal Family and Medical Leave Act (FMLA) were set to an Approved/Accepted status on 8/8/2011 2:47:02 PM via the auto approval process: 8/9/2011 9:00:00 AM - 8/9/2011 10:00:00 AM

The following dates for Federal Family and Medical Leave Act (FMLA) were set to an Approved/Accepted status on 8/8/2011 2:47:07 PM via the auto approval process: 8/9/2011 2:00:00 PM - 8/9/2011 3:00:00 PM

The following dates for Bank of America Family Care Intermittent were set to an Approved/Accepted status on 8/8/2011 2:47:12 PM via the auto approval process: 8/9/2011 9:00:00 AM - 8/9/2011 10:00:00 AM

The following dates for Bank of America Family Care Intermittent were set to an Approved/Accepted status on 8/8/2011 2:47:15 PM via the auto approval process: 8/9/2011 2:00:00 PM - 8/9/2011 3:00:00 PM

| | | | | | | | |
|---------------------------|--------|--------|-----------------|---------------|-----------------|---------------|-----------------|
| Leave Extension Follow Up | 8/9/11 | Closed | 8/10/11 9:20 am | WILFEDO COLON | DAVETTE ESPARZA | WILFEDO COLON | 8/10/11 9:20 am |
|---------------------------|--------|--------|-----------------|---------------|-----------------|---------------|-----------------|

Comments

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Report Date: 01/18/2012

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| | | |
|--|---------------------------|--------------------|
| Client Name: Bank of America Corporation | First Name: DAVETTE | Medical Initial: D |
| Class Name: ESPARZA | Date of Birth: 08/26/1973 | Age: 38 |
| Employee ID: 157325275 | Date of Hire: 08/27/2002 | Gender: F |
| Work Location: TX | Change Date: 08/27/2002 | |
| Task Name: Intake - 9:00 AM - 12:00 PM (Regular) | | |

| Task Name & Task Details: | Scheduled Date | Task Status | Completed Date | Claim Owner | Originator | Last Updated By | Date Last Updated |
|---------------------------|----------------|-------------|----------------|-------------|------------|-----------------|-------------------|
|---------------------------|----------------|-------------|----------------|-------------|------------|-----------------|-------------------|

| | | | | | | | |
|--------------------------------|--------|--------|-----------------|---------------|-----------------|-----------------|-----------------|
| Add Time To Existing LOA Claim | 9/6/11 | Closed | 9/5/11 12:57 pm | WILFEDO COLON | DAVETTE ESPARZA | DAVETTE ESPARZA | 9/5/11 12:57 pm |
|--------------------------------|--------|--------|-----------------|---------------|-----------------|-----------------|-----------------|

Intake Method

Web

This leave request is:

Is or will the leave be more than 3 consecutive days?

Intermittent

Is the leave the result of a non work related accident?

Yes

Was or will inpatient or outpatient hospitalization occur as a result of condition?

Yes

What new day(s) are you requesting for your existing Intermittent FMLA?

Unknown

Enter absence from and to times for each of the absences being reported at this time:

09/19/2011|09/20/2011|09/21/2011|09/22/2011|09/23/2011
 09/19/2011|true|10\$00*18\$00~09/20/2011|true|10\$00*18\$00~09/21/2011|true|10\$00*18\$00
 ~09/22/2011|true|10\$00*18\$00~09/23/2011|true|10\$00*18\$00

Do you have your health insurance through Aetna?

Yes

IHD Consent Method

Consent already on file

Comments

| | | | | | | | |
|---------------|--------|--------|-----------------|---------------|-------------|-------------|-----------------|
| Auto Approval | 9/6/11 | Closed | 9/5/11 12:58 pm | WILFEDO COLON | WKAB SYSTEM | WKAB SYSTEM | 9/5/11 12:58 pm |
|---------------|--------|--------|-----------------|---------------|-------------|-------------|-----------------|

Audit Information

The following dates for Federal Family and Medical Leave Act (FMLA) were set to an Approved/Accepted status on 9/5/2011 12:57:41 PM via the auto approval process: 9/19/2011 9:00:00 AM - 9/19/2011 5:00:00 PM
 The following dates for Federal Family and Medical Leave Act (FMLA) were set to an Approved/Accepted status on 9/5/2011 12:57:47 PM via the auto approval process: 9/20/2011 9:00:00 AM - 9/20/2011 5:00:00 PM
 The following dates for Bank of America Family Care Intermittent were set to an Approved/Accepted status on 9/5/2011 12:57:55 PM via the auto approval process: 9/19/2011 9:00:00 AM - 9/19/2011 5:00:00 PM
 The following dates for Bank of America Family Care Intermittent were set to an Approved/Accepted status on 9/5/2011 12:57:59 PM via the auto approval process: 9/20/2011 9:00:00 AM - 9/20/2011 5:00:00 PM

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Report Date: 01/18/2012

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| | | | |
|--|-----------------------------|------------------------------|-------------|
| Client Name: Bank of America Corporation | Last Name: ESPARZA | First Name: DAVETTE | Initials: D |
| Employee ID: 057531575 | Employment Date: 05/26/1973 | Termination Date: 05/26/1973 | Age: 38 |
| Phone: 714-354-9220 (Mobile) | Claim ID: 0352260 | Date of Hire: 01/27/2003 | Gender: F |

| Task Name & Task Details: | Scheduled Date | Task Status | Completed Date | Claim Owner | Originator | Last Updated By | Date Last Updated |
|---------------------------|----------------|-------------|----------------|-------------|------------|-----------------|-------------------|
|---------------------------|----------------|-------------|----------------|-------------|------------|-----------------|-------------------|

| | | | | | | | |
|---------------------------|--------|--------|-----------------|---------------|-----------------|---------------|-----------------|
| Leave Extension Follow Up | 9/6/11 | Closed | 9/6/11 11:07 am | WILFEDO COLON | DAVETTE-ESPARZA | WILFEDO COLON | 9/6/11 11:07 am |
|---------------------------|--------|--------|-----------------|---------------|-----------------|---------------|-----------------|

Comments

| | | | | | | | |
|---------------------|--------|--------|-----------------|---------------|---------------|---------------|-----------------|
| Leave Usage Updated | 9/6/11 | Closed | 9/6/11 11:08 am | WILFEDO COLON | WILFEDO COLON | WILFEDO COLON | 9/6/11 11:08 am |
|---------------------|--------|--------|-----------------|---------------|---------------|---------------|-----------------|

Audit Information

Adjudication on 9/6/2011 11:08:50 AM Affected the time balances. Benefits and dates: Federal Family and Medical Leave Act (FMLA) : 09/19/2011/09/20/2011 / Approved/Accepted : 09/21/2011/09/23/2011 / Approved/Accepted ; Bank of America Family Care Intermittent : 09/19/2011/09/20/2011 / Approved/Unpaid : 09/21/2011/09/23/2011 / Approved/Unpaid

| | | | | | | | |
|---------------------------|--------|--------|-----------------|---------------|---------------|---------------|-----------------|
| Transaction Status Update | 9/6/11 | Closed | 9/6/11 11:08 am | WILFEDO COLON | WILFEDO COLON | WILFEDO COLON | 9/6/11 11:08 am |
|---------------------------|--------|--------|-----------------|---------------|---------------|---------------|-----------------|

Audit Information

Federal Family and Medical Leave Act (FMLA) : 09/19/2011/09/20/2011 / Approved/Accepted : 09/21/2011/09/23/2011 / Approved/Accepted ; Bank of America Family Care Intermittent : 09/19/2011/09/20/2011 / Approved/Unpaid : 09/21/2011/09/23/2011 / Approved/Unpaid

| | | | | | | | |
|---------------------------------------|---------|--------|-----------------|---------------|--------------|---------------|-----------------|
| Employment Status Change Notification | 9/23/11 | Closed | 9/23/11 2:11 pm | WILFEDO COLON | Load Manager | WILFEDO COLON | 9/23/11 2:11 pm |
|---------------------------------------|---------|--------|-----------------|---------------|--------------|---------------|-----------------|

Employment Status:

Employment Status Effective Date:

| | | | | | | | |
|------------------------|---------|--------|-----------------|---------------|---------------|---------------|-----------------|
| Claim Closure Reviewed | 9/23/11 | Closed | 9/23/11 2:13 pm | WILFEDO COLON | WILFEDO COLON | WILFEDO COLON | 9/23/11 2:13 pm |
|------------------------|---------|--------|-----------------|---------------|---------------|---------------|-----------------|

What is the claim closure reason:

Resigned

Benefit Usage updated to include time taken for this claim

Communications to EE completed to client specifications:

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Report Date: 01/18/2012

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| | | |
|--|----------------------------|------------------|
| Client Name: Bank of America Corporation | First Name: DAVETTE | Mobile Number: P |
| Employee ID: 157623275 | Date of Birth: 05/16/1973 | Age: 38 |
| Claim ID: 0257761 | Date of Filing: 09/17/2011 | Gender: F |
| Task Name: Bank of America Corporation | | |
| Task Status: Closed | | |
| Task Date: 9/23/11 2:16 pm | | |

| Task Name & Task Details | Scheduled Date | Task Status | Completed Date | Claim Owner | Originator | Last Updated By | Date Last Updated |
|--------------------------|----------------|-------------|----------------|-------------|------------|-----------------|-------------------|
|--------------------------|----------------|-------------|----------------|-------------|------------|-----------------|-------------------|

Communications to ER completed to client specifications:

Certification received documented in claim

If Intermittent, was the cert termination date entered on the certification detail

It STD involved, are dates for FMLA the same for STD:

Comments:

associate is not eligible for FMLA if his / her employment has been terminated.

Employment Status: Terminated

Employment Status Effective Date: 09/17/2011

| | | | | | | |
|---------------------|---------|--------|-----------------|---------------|---------------|-----------------|
| Leave Usage Updated | 9/23/11 | Closed | 9/23/11 2:16 pm | WILFEDO COLON | WILFEDO COLON | 9/23/11 2:16 pm |
|---------------------|---------|--------|-----------------|---------------|---------------|-----------------|

Audit Information

Adjudication on 9/23/2011 2:16:39 PM Affected the time balances, Benefits and dates: Federal Family and Medical Leave Act (FMLA) : 09/19/2011/09/23/2011 / Cancelled/ ; Bank of America Family Care Intermittent : 09/19/2011/09/23/2011 / Cancelled/

| | | | | | | |
|---------------------------|---------|--------|-----------------|---------------|---------------|-----------------|
| Transaction Status Update | 9/23/11 | Closed | 9/23/11 2:16 pm | WILFEDO COLON | WILFEDO COLON | 9/23/11 2:16 pm |
|---------------------------|---------|--------|-----------------|---------------|---------------|-----------------|

Audit Information

Federal Family and Medical Leave Act (FMLA) : 09/19/2011/09/23/2011 / Cancelled/ ; Bank of America Family Care Intermittent : 09/19/2011/09/23/2011 / Cancelled/

| | | | | | | |
|----------------------|---------|--------|-----------------|---------------|--------------|-----------------|
| EE Employment Status | 9/23/11 | Closed | 9/23/11 2:18 pm | WILFEDO COLON | Load Manager | 9/23/11 2:18 pm |
|----------------------|---------|--------|-----------------|---------------|--------------|-----------------|

Audit Information

The client submitted notice of terminated status, please review all open or pending claims.

| | | | | | | |
|-----------------------|---------|--------|-----------------|---------------|-------------|-----------------|
| Late Employee Contact | 11/4/11 | Closed | 11/8/11 2:18 pm | WILFEDO COLON | TRACY SMITH | 11/8/11 2:18 pm |
|-----------------------|---------|--------|-----------------|---------------|-------------|-----------------|

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Report Date: 01/18/2012

2011-Jul-21 02:26 PM Bank of America 9722835166

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ARLINGTON ORTHOPEDIC ASSOCIATES, P.A.

800 ORTHOPEDIC WAY • ARLINGTON, TX 76015 • (817) 375-5200

PATIENT STATUS REPORTDATE: 7/24/11 NAME: Davette Esparza

EMPLOYER: _____

DIAGNOSIS: lumbago lumbar RadiculopathyPatient is being treated for a work-related injury: ☐ Yes ☐ No Patient is currently working: ☐ Yes ☐ NoPatient is off work: ☐ Yes ☐ No Patient is at limited duty: ☐ Yes ☐ No (If yes, identify restrictions below.)Restrictions specific to: ☐ Right ☐ Left ☐ N/A☐ Hand / Wrist ☐ Shoulder ☐ Arm ☐ Foot / Ankle ☐ Knee ☐ Leg ☐ Neck ☒ Back ☐ Other _____**LIMITED DUTY RESTRICTIONS:**

| Max Hours per day: | 0 | 2 | 4 | 6 | 8 | Other | Other Restrictions: |
|--------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------|--|
| Standing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> Patient to wear splint at work |
| Sitting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> Patient to use crutches at all times |
| Kneeling/Squatting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> Patient to keep it elevated. |
| Bending | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> No lifting of any kind. |
| Pushing / Pulling | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> Weight restriction of 5 - 10 lbs. |
| Walking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> Weight restriction of 10 - 20 lbs. |
| Grasping | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input checked="" type="checkbox"/> Other <u>pt needs to sit</u> |
| Keyboarding | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <u>down every 30 minutes</u> |
| Other: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <u>for 3-4 minutes at a time</u> |

Date of return to limited duty: _____ Date of return to full duty: _____

NEXT APPOINTMENT DATE: _____ AT _____ A.M.
P.M.**NOTE: PATIENT MUST KEEP SCHEDULED APPOINTMENT IF LIMITED DUTY OR OFF-WORK RESTRICTION IS GIVEN. THE PATIENT IS REQUIRED TO RETURN TO FULL DUTY IF APPOINTMENT IS MISSED.**

PHYSICIAN'S OR AUTHORIZED SIGNATURE _____

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Leave Claim # 4237261



Authorization for Release of Medical Information – Leave of Absence

Mail this completed form to:
Aetna Life Insurance Company
PO Box 14560
Lexington, KY 40512-4560
Fax: 1-866-667-1987

This form requests an Employee's express authorization ("Authorization") for Aetna Life Insurance Company ("Aetna") to ask another person or organization to disclose Employee's Protected Health Information ("PHI") to Aetna for the following limited purpose(s):

Administration of leave of absence requests ("leave requests") under the Federal Family and Medical Leave Act (FMLA) and state family and medical leave laws.

We are asking you to allow Aetna to discuss PHI with your health care provider to clarify information on the Health Care Provider Certification Form (the "Medical Certification") submitted to Aetna in support of your leave of absence request. Clarification may entail questions about the health care provider's handwriting on the Medical Certification or questions to understand the meaning of a response on the Medical Certification. Additionally, we are asking you to allow your health care provider or Aetna to share PHI pertaining to your serious health condition, to a health care provider who Aetna may retain to perform a second or third opinion on your request for a leave of absence.

I understand the following:

- There may be a delay in the processing of my leave request if clarification of Medical Certification, or a second or third opinion are necessary.
- This Authorization lasts twelve (12) months after my leave request is processed, unless law requires a shorter period.
- I may revoke this Authorization at any time by notifying Aetna in writing, but if I do that, it won't have any effect on actions that Aetna takes before receiving my revocation notice.
- If I do not sign this Authorization, it will not affect how Health Care Providers treat me. However, Aetna may not be able to review my leave request to determine if I am eligible for benefits, and my leave request may be denied.
- I may receive a copy of this Authorization if I make my request in writing to the address listed above.
- Once my information is given out as allowed in this Authorization, federal privacy laws may not protect it.
- The information released under this Authorization may be submitted to Aetna electronically, by phone, fax or mail.
- I can see or copy this signed form if I ask Aetna for it in writing.
- A copy of this Authorization may be treated as a signed original.

NOTICE TO RECIPIENT(S) OF INFORMATION:

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information" as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services. *Please note that it is appropriate under GINA to provide family medical history when an employee is requesting leave to care for a family member.*

| | |
|--|--|
| Employee's Name <i>Danilo D. Esparza</i> | Date <i>6-21-11</i> |
| Employee's or Legal Representative's Signature <i>[Signature]</i> | Legal Representative's Name and Relationship <i>n/a</i> |
| Employer's Name <i>Bank of America</i> | |

If your leave is being requested to Care for a Family Member please have your family member or his / her legal representative complete the section below.

| | |
|---|--|
| Family Member's Name (Patient) <i>[Signature]</i> | Date <i>[Signature]</i> |
| Family Member's or Legal Representative's Signature <i>[Signature]</i> | Legal Representative's Name and Relationship <i>[Signature]</i> |

WKAB
GR-68474 (12-10)



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Return to Fax #: (866) 567-1987
 Mail To: Aetna Disability - Workability,
 P.O. Box 14560
 Lexington, KY 40512-4560



**Certification of Health Care Provider for
 Employee's Serious Health Condition
 (Family and Medical Leave Act)**

U.S. Department of Labor
 Employment Standards Administration
 Wage and Hour Division



OMB Control Number 1215-016;
 Expires 12/31/2011

SECTION I: For Completion by the EMPLOYER

INSTRUCTIONS to the EMPLOYER: The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA protections because of a need for leave due to a serious health condition to submit a medical certification issued by the employee's health care provider. Please complete Section I before giving this form to your employee. Your response is voluntary. While you are not required to use this form, you may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. §§ 825.306-825.308. Employers must generally maintain records and documents relating to medical certifications, recertifications, or medical histories of employees created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 C.F.R. § 1630.14(c)(1), if the Americans with Disabilities Act applies.

Employer name and contact:

Bank of America 1800 556-6044

Employee's job title: N/A

Regular work schedule: N/A

Employee's essential job functions: N/A

Check if job description is attached: _____

SECTION II: For Completion by the EMPLOYEE

INSTRUCTIONS to the EMPLOYEE: Please complete Section II before giving this form to your medical provider. The FMLA permits an employer to require that you submit a timely, complete, and sufficient medical certification to support a request for FMLA leave due to your own serious health condition. If requested by your employer, your response is required to obtain or retain the benefit of FMLA protections, 29 U.S.C. §§ 2613, 2614(c)(3). Failure to provide a complete and sufficient medical certification may result in a denial of your FMLA request 29 C.F.R. § 825.313. Your employer must give you at least 15 calendar days to return this form, 29 C.F.R. § 825.305(b).

Your name:

Dawlette D. Esparza
 First Middle Last

SECTION III: For Completion by the HEALTH CARE PROVIDER

INSTRUCTIONS to the HEALTH CARE PROVIDER: Your patient has requested leave under the FMLA. Answer, fully and completely, all applicable parts. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Limit your responses to the condition for which the employee is seeking leave. Please be sure to sign the form on the last page.

Provider's name and business address: NORMA L. ESCOBAR D.O.

Type of practice / Medical specialty: Family Practice

Telephone: (817) 467-0240 Fax: (817) 472-9385

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PART A: MEDICAL FACTS

1. Approximate date condition commenced: condition chronic present for yearsProbable duration of condition: chronic

Mark below as applicable:

Was the patient admitted for an overnight stay in a hospital, hospice, or residential medical care facility?

☒ No ☐ Yes. If so, dates of admission:

Date(s) you treated the patient for condition:

6/15/11Will the patient need to have treatment visits at least twice per year due to the condition? ☐ No ☒ Yes.Was medication, other than over-the-counter medication, prescribed? ☐ No ☒ Yes.Was the patient referred to other health care provider(s) for evaluation or treatment (e.g., physical therapist)? ☐ No ☒ Yes. If so, state the nature of such treatments and expected duration of treatment:2. Is the medical condition pregnancy? ☒ No ☐ Yes. If so, expected delivery date:

3. Use the information provided by the employer in Section I to answer this question. If the employer fails to provide a list of the employee's essential functions or a job description, answer these questions based upon the employee's own description of his/her job functions.

Is the employee unable to perform any of his/her job functions due to the condition? ☐ No ☒ Yes.

If so, identify the job functions the employee is unable to perform:

Patient has to take time off during her flare ups of pain

4. Describe other relevant medical facts, if any, related to the condition for which the employee seeks leave (such medical facts may include symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment):

PATIENT HAS CHRONIC ARTHRITIS PAIN OF
NECK, LOW BACK AND KNEES. SHE IS
UNABLE TO WORK DURING PERIODS OF PAIN.
SHE IS UNDER THE CARE OF ORTHOPEDIST. SHE IS
ON HYDROCODONE, CELEBREX FOR PAIN.
DR. TODD DONNEL AND DR. BURNETTE

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PART B: AMOUNT OF LEAVE NEEDED

5. Will the employee be incapacitated for a single continuous period of time due to his/her medical condition, including any time for treatment and recovery? ☒ No ☐ Yes.

If so, estimate the beginning and ending dates for the period of incapacity: Not currently

6. Will the employee need to attend follow-up treatment appointments or work part-time or on a reduced schedule because of the employee's medical condition? ☐ No ☐ Yes.

If so, are the treatments or the reduced number of hours of work medically necessary?
☐ No ☐ Yes.

Estimate treatment schedule, if any, including the dates of any scheduled appointments and the time required for each appointment, including any recovery period:

Estimate the part-time or reduced work schedule the employee needs, if any:

_____ hour(s) per day; _____ days per week from _____ through _____

7. Will the condition cause episodic flare-ups periodically preventing the employee from performing his/her job functions? ☐ No ☒ Yes.

Is it medically necessary for the employee to be absent from work during the flare-ups?
☐ No ☒ Yes. If so, explain:

Patient unable to work due to pain which is aggravated by prolonged walking and standing.

Based upon the patient's medical history and your knowledge of the medical condition, estimate the frequency of flare-ups and the duration of related incapacity that the patient may have over the next 6 months (e.g., 1 episode every 3 months lasting 1-2 days):

Frequency: 1-2 times per _____ week(s) ☒ month(s)

Duration: _____ hours or 2 day(s) per episode

ADDITIONAL INFORMATION: IDENTIFY QUESTION NUMBER WITH YOUR ADDITIONAL ANSWER.

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